

**COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION**

For use of this form, see AR 190-45; the proponent agency is the Office of the Provost Marshal General.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943.

**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified. Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.

**ROUTINE USES:** The Routine Uses that appear at the beginning of the Army's A0190-45 OPMG, Military Police Reporting Program Records (MPRP) system of record notice may apply to this system.

**DISCLOSURE:** Voluntary, although without the SSN collection, law enforcement records could not be accurately retrieved and the probability of misidentifying an individual would increase significantly.

**1. CONTROL INFORMATION**

Thru:	USACRC Number: 016024	
To: Commander 2/1 IN BN 5/2 Stryker BDE JBLM, WA	MP Report Number: 00059-2010-CID379	
	Sub-Installation: AE09355DC	
Referred By: SAC, CID Office, Washington CID Battalion (b) (6), (b) (7)(C)	Referral Date: 2011/11/17	Suspense Date: 2012/01/01

The first Lieutenant Colonel in the chain of command is responsible and accountable for completing DA Form 4833 with support documentation (copies of Article 15s, court-martial orders, reprimands, etc) for all USACIDC investigations. The unit and brigade commander or their equivalent will also receive a copy of the DA Form 4833 for all USACIDC investigations.

Company, troop, and battery level commanders are responsible and accountable for completing DA Form 4833 with supporting documentation in all cases investigated by MPI, civilian detectives employed by the Department of the Army, and the PMO. Accurate and complete DA 4833 disposition reports are required to meet installation, command, HQDA, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier and family member indiscipline.

In court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section. Provost Marshals must enter the "MP Report Number" (Block 1) for all cases referred to commanders. "Sub-Installation" (Block 1) is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.

**2. OFFENDER INFORMATION**

Last Name: (b) (6), (b) (7)(C)	Cadency:	
First Name: (b) (6), (b) (7)(C)	Grade: E3	
Middle Name: (b) (6), (b) (7)(C)	SSN or ID Number: (b) (6), (b) (7)(C)	Date of Birth:

**3. REFERRAL INFORMATION**

No.	Offense	Basis	Date	Commander Decision Date: 2011/11/17	
1	Assault With Intent to Murder [5H7]	UCMJ	2010/04/01	Sexual Harassment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Action Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Reason: Accepted	
2	Wrongful Possession of Marihuana [5L2C]	UCMJ	2010/05/03	Sexual Harassment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Action Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Reason: Accepted	
3	Wrongful Use of Marihuana [5L2D2]	UCMJ	2010/05/03	Sexual Harassment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Action Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Reason: Accepted	
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Reason:	

3. REFERRAL INFORMATION (Continued)				
No.	Offense	Basis	Date	Commander Decision Date: 2011/11/17
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
				Sexual Harassment: <input type="checkbox"/> Yes <input type="checkbox"/> No    Action Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:

**NOTE:** For each Offense marked "NO" for "Action Taken", you must supply a Reason.

If "Action Taken" is "Yes" for any Offense, continue to Block 4 and choose the highest level. If you selected "Action Taken" "No" for ALL Offenses, go directly to "Commander's Remarks" (Block 10a) to expand on your Reasons, then sign, date and return the form to the agent specified in "Referred By" (Block 1).

4. ACTION TAKEN	
<input type="checkbox"/> <b>Administrative</b> Non-Adverse Referrals Adverse Personnel Actions	<input type="checkbox"/> <b>Non-Judicial (Article 15)</b> <i>(see details below)</i>
<input checked="" type="checkbox"/> <b>Judicial</b> Court Martial or Civilian Criminal Court	
<b>Non-Judicial Punishment Authority (select one):</b> <input type="checkbox"/> Summarized <input type="checkbox"/> GCMCA Imposed <input type="checkbox"/> Company Grade <input type="checkbox"/> General Officer Imposed <input type="checkbox"/> Field Grade <input type="checkbox"/> Principal Assistant	
<b>Judicial Punishment Authority (select one):</b> <input checked="" type="checkbox"/> Summary Court Martial <input type="checkbox"/> General Court Martial <input type="checkbox"/> Civilian Criminal/Magistrate <input type="checkbox"/> Special Court Martial Jurisdiction: If Other:	

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome				
No.	Charged Offense	Plea	Finding Offense	Trial/NJP Finding
1	Wrongful Possession of Marihuana [5L2C]	Not Guilty	Wrongful Possession of Marihuana [5L2C]	Dismissed (Criminal)
2	Wrongful Use of Marihuana [5L2D2]	Not Guilty	Wrongful Use of Marihuana [5L2D2]	Guilty
3	Assault With Intent to Murder [5H7]	Not Guilty	Assault With Intent to Murder [5H7]	Dismissed (Criminal)

**PLEA:** G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion    **TRIAL/NJP FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome (Continued)				
No.	Charged Offense	Plea	Finding Offense	Trial/NJP Finding

**PLEA:** G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion **TRIAL/NJP FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

6. ADMINISTRATIVE ACTIONS										
Non-Adverse:				Adverse:						
Agency	Date Referred	Date Responded	Date Imposed	Type of Action	Oral	Written Local	Written OMPF			
Family Advocacy				Counseling/Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug/Alcohol Abuse				Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Referral				Censure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equal Opportunity				Admonition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Office										
Mental Health										
Relief Agency										
<b>Adverse:</b>										
<b>Date Imposed</b>	<b>Description</b>									
	Withholding of Privileges									
	Adverse Performance Evaluation (OER/NCOER/Academic Report)									
	Relief for Cause (OER/NCOER)									
	Mandatory Reassignment									
	Transfer (such as rehabilitative)									
	Adverse Record Entry - Flag									
	Bar to Reenlistment									
	Withholding of Promotion									
	Delay of Promotion									
	Promotion Revocation									
	Clearance Revocation									
	Control Roster (downgrade of clearance, PRP reclassification)									
	Resignation									
	Retirement									
	Retirement at Lower Grade	From:	To:							
	Transfer to Inactive Reserve									
	Military Occupational Specialty Reclassification									
	Civilian Debarment	Duration:	<input type="checkbox"/>	Days	<input type="checkbox"/>	Months	<input type="checkbox"/>	Years	<input type="checkbox"/>	Life

<b>6. ADMINISTRATIVE ACTIONS (Continued)</b>	
<b>Adverse: (Continued)</b>	
<b>Date Imposed</b>	<b>Description</b>
	Civilian Job Termination
	Civilian Job Suspension      Duration: <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years
	Civilian Leave Without Pay      Duration: <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years
	Loss of Warrant
	Voluntary Disclosure
	Restitution (to US Government)      Amount US\$: <input type="text"/>
	Restitution (to third party Non-US Government)      Amount US\$: <input type="text"/>
	Civil-Civil Action Initiation
	Other (return to States, etc.)
	Contract Suspension      Duration: <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years
	Contract Termination
	Cost Adjustment      Amount US\$: <input type="text"/>
	Bid Rejection
	Recoupment      Amount US\$: <input type="text"/>
	Denial of Continuation
	Other Contract Action

<b>7. DETAILS OF ADMINISTRATIVE SEPARATION</b>			
Date Imposed:	Regulation:	Chapter:	
Characterization:			Effective Date:

**NOTE:** Proceed to Commander's Remarks (Block 10a) if you chose Administrative Action in **Block 6** or **7**.

<b>8. NON-JUDICIAL/JUDICIAL SANCTIONS</b>	
<b>Date Adjudged</b>	<b>Sanction</b>
	Fine      Amount US\$: <input type="text"/>
2011/11/17	Forfeiture      Amount US\$: 723.00      Duration: 1 <input type="text"/> Days <input checked="" type="checkbox"/> Months
	Extra Duty      Days: <input type="text"/>
	Restriction      Days: <input type="text"/>
	Correctional Custody      Days: <input type="text"/>
2011/11/17	Confinement      Duration: 30 <input checked="" type="checkbox"/> Days <input type="text"/> Months <input type="text"/> Years <input type="text"/> Life
	Bad Conduct Discharge      Effective Date: <input type="text"/>
	Dishonorable Discharge      Effective Date: <input type="text"/>
2011/11/17	Reduction in Grade      From: E-3      To: E-1
	Probation      Duration: <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years
	Special Assignment      Duration: <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years
	Total Forfeiture (all pay/allowance)      Duration: <input type="text"/> Days <input type="text"/> Months <input type="text"/> Years <input type="text"/> Life
	Death Sentence
	Civil Recovery      Amount US\$: <input type="text"/>
	Civil Award      Amount US\$: <input type="text"/>
	Dismissal (Officer Only)      Effective Date: <input type="text"/>
	Domestic Violence      Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Prohibited From Firearm Possession/Use IAW 18 U.S. Code Section 922(g)      Yes: <input type="checkbox"/> No: <input type="checkbox"/>

9. SUSPENDED SANCTIONS	
Were Any Sanctions Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NOTE:</b> If no sanctions were suspended, proceed to "Commander's Remarks" (Block 10a).	
Suspended Sanction	Suspended Sanction Information
Fine	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Forfeiture	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____ Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Suspension Conditions: _____
Extra Duty	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Suspension Conditions: _____
Restriction	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days
	Suspension Conditions: _____
Correctional Custody	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days
	Suspension Conditions: _____
Confinement	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Suspension Conditions: _____
Reduction in Grade	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspension Conditions: _____
Probation	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspension Conditions: _____
Special Assignment	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Suspension Conditions: _____
Total Forfeiture	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion Time: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Suspension Conditions: _____
Civil Recovery	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Civil Award	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life <input type="checkbox"/> Undetermined
	Suspended Portion US\$: _____
	Suspension Conditions: _____
Administrative Separation	Date Suspended: _____ Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Suspension Conditions: _____

10a.

## Commander's Remarks

None.

Checked box indicates that Commander's Remarks continue on the following page. ☐

11.

## COMMANDING OFFICER OR REPORTING OFFICER

Was a DNA sample collected from the offender? ☐ Yes ☒ NoName:  
(b) (6), (b) (7)(C) ASACGrade:  
W4Official E-Mail Address:  
(b) (6), (b) (7)(C) mil@mail.mil

Signature (b) (6), (b) (7)(C) ASAC

Signature Date:  
2013/04/26

